Developmental Disabilities Nurses of New Hampshire
www.dhhs.nh.gov/dcbcx/bds/nurses
DDNNH@dhhs.state.nh.us

MINUTES
June 19, 2018

1) Meeting was called to order with **23** members in attendance.

2) Review and approval of minutes as written with modifications discussed in sections c and f.

3) Officers Reports:
   a) Treasurer's Report – Accepted as written. There are currently 1**3** paid members. The new dues have been posted on the DDNNH website.
   b) Liaison Report – Deb Ellis-Nailor reported that scholarship applications will be accepted from a caregiver of an individual with I/DD TBI of someone working in the field such as a DSP or another I/DD TBI professional in New Hampshire. It will be decided by a committee of 4 or 5 in May and awarded in June. The application draft was passed out for review. Final decision will be discussed at the next meeting in September.
   c) Deb Ellis-Nailor also reviewed the message of the keynote speaker from the DDNA conference which included a description of a service delivery model based on an interdependent model of care. Also at the conference was Joan Earl Hanh who spoke about person centered assessments. Due to time constraints Deb opted to continue her report at another time as she felt that she was rushed and there had been many important issues discussed at the conference.

4) Business Discussion:

Peter Bacon, Jay Kurinskas & Lisa Hoekstra Q&A session included the following:

   a) Jill Satterfield graciously made handouts of different types of medication orders that were received recently and discussion ensued around what is an acceptable MD order from the standpoint of the state reviewers. We were able to get concerns around pharmacy obtained orders and e-prescriptions answered by Jay, Lisa and Peter. While they felt that the best order is one written and signed by the MD, it was recognized that this was not always possible. It was determined that if a date and an e-signature, NPI or DEA number accompanied it, the E-Rx was legitimate if not ideal.

   b) Cheryl asked if the 5 and 30 day visits can count as 2 of the 3 visits needed after a transition. The surveyors', as well as Peter Bacon said no there is a 5 day a 30 day and then 3 consecutive QA's that must be done. However, the 5 and 30 day can be done together during the 5-day visit.

   c) On annual well visits, the new form needs to include a spot on diet orders for "other" diet type. Surveyors stated that they are looking for diet orders to be renewed yearly. Allergies need to be listed and be consistent throughout a patient's chart and including the HRST and the ISA. HRST and incident reports need to match and needs to be filled out accurately.

   d) If an individual refuses a screening it must be documented with the guardian and if they are their own guardian, they must sign that they refused the procedure(s). they are working on a document for the guardians to sign at the ISA that basically will give the patient permission to refuse.

e) Follow up recommendations from doctors must be documented and/or there needs to be documentation that efforts were made to make appointments or obtain results from family/guardian.

f) Telephone orders need to be co-signed but there is no actual time frame in which they must be signed. The surveyors would like them signed in two weeks but there is no actual regulation that states that. Best practice would be to have telephone orders signed as soon as you can get them to the physician but if they are on an extended vacation there would not be a deficiency since they were not co-signed quickly.

g) PRN protocol needs to have a time interval between doses documented on the protocol. Orders do not expire but should be reviewed yearly. (best practice)

Next Meeting will be September 18, 2018.

Respectfully Submitted
Kathleen Metzler, RN BSN
Secretary, DDNNH

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Minutes
May 15 2018

1. Meeting was called to order with **25** in attendance.

2. Review and approval of **April 2018** minutes with modifications discussed. Copy sent to Peter Bacon.

3. Officers Reports:

   a) Treasurer's Report – Accepted as written. There is $3060.42 in savings and $121.51 in checking. There were **31** paid members in April and **8** more have paid for this year.
   b) Liaison's Report deferred to June meeting.
   c) Voting for new Liaison was close but Deb Ellis-Nailor was re-elected.

4. Business Discussion

   a) Group discussion around increasing dues. Initially talked about $15.00 increase but many felt that may be too much for members who are on fixed incomes or work part time. It was decided via a unanimous vote that the increase would be $5.00 bringing the yearly cost of membership to $30.00. People were encouraged to donate what they could through the 50/50 raffle or regular donating if financially able.
   b) We are able to stay in the same place for our meetings, The NH Hospital Association, except for October. We are looking for another place for that month. We may be switching between rooms 1 and 2. The room will be put on the agenda to reduce confusion.
   c) The DDNNH scholarship has been set at $250.00 and the application process is being looked at. It will no longer go to Rivier College.
   d) Cheryl Bergeron requested that names of patients who are unable to find a psychiatrist to follow them be faxed or securely emailed to her. The fax number is **(603) 271-5166.** Only email if you have HIPAA secured email. E-mail is **Cheryl.Bergeron@dhhs.state.nh.us**. She is working with the managed care organization to find practitioners to follow those who need it.
   e) Luanne stated that there are people who are still having issues with E-studio on the state website.
   f) Jen Boisvert went to the screening of "Intelligent Lives" by Dan Habib, Concord resident and former photo journalist for the Concord Monitor. He has a child with disabilities and did a film about him called "Including Samuel" and he also did another film called "Who Cares About Kelsey" both deal with those who have disabilities and advocating for them. He has a Facebook page and his films have websites.

5. Lunch and Learn on PKU presented by Bio Marin representatives Kathy Cody, RD and Dr. Kendra Bjorker, neuropsychiatrist From MN

   - 16,500 known PKU patients in the US.
   - Discovered in 1934. Only known treatment was avoiding phenylalanine in diet. (low protein)
   - MA first state to mandate testing in late 1960's MS the last in 1980's
   - No treatments other than diet in the US until the early 2000's and it was believed you could be discharged from diet after developmental milestones were met. Now it is diet for life.
   - IN 2014 guidelines for treating PKU from American College of Medical Genetics were published.

- Even those with long standing PKU and damage from it can benefit from going on treatment.
- Decrease in anxiety and agoraphobia and increase in initiative ability and motivation. Self-injuring behaviors have completely disappeared in some patients.
- Many are undiagnosed and untreated, especially if born before mandatory testing. They can still benefit from treatment.
- If you have PKU patients or suspect you might it is recommended that you look into the 2014 guidelines and you can contact this presenter. Information available for those who missed this presentation.
- Contact Kathy Cody, RD at Kathy.cody@bmrn.com

Next Meeting will be June 19, 2018 in room 1 at The NH Hospital Association

Submitted by:
Kathleen Metzler, RN BSN
Secretary, DDNNH

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Minutes
April 17, 2018

1) Meeting was called to order with **38** in attendance.

2) Review and approval of **March 2018** minutes with modifications discussed.

3) Officers Reports:
   a) Treasurer's Report – Accepted as written. There are currently **31** paid members.

4) Business Discussion
   a) A list of current nurse trainers and a list of those on e-Studio was circulated to check for accuracy. If any contact information has changed, please make Cheryl aware.
   b) The idea of raising dues was discussed from the current $25 each year. The dues have not gone up for many years. More fund-raising ideas came up (a Pampered Chef party, a fun run to raise awareness for our group as well as cash). The dues go toward a yearly scholarship for a nursing student and pay for the DDNA conference that our liaison attends. We have in the past used some of the money for thank you gifts. The student scholarship is being reworked at this time. These topics will be voted on and finalized at the next meeting.
   c) Nominations for offices were made. Cheryl Bergeron will move from vice president to president. Luanne King accepted a nomination for vice president. Jill Satterfield had recently taken the treasurer position and will continue. Kathleen Metzler accepted the secretary position. Debi Ellis-Nailor, Pam Taber-McCarthy, and Jen Boisvert will run for DDNA liaison. Voting will take place on May 15. Any member who would like to vote and will not be at the meeting in May can use the electronic ballot to email Maureen DiTomaso with your choice. Maureen.DiTomaso@dhhs.nh.gov

5) ***Peter Bacon, Lisa Hoekstra and Jay Kurinskas (licensing evaluation coordinators) Q&A session included the following topics:***
   a) The Medication Technician Board issue is resolved and staff our system will not be on the registry. Initially this board they wanted to include all staff passing medications if they worked in a home with 4 or more people. Peter worked on this for the last two years to prove that our people have safeguards and oversight already and this would not add any additional safety. The registry would cost around 160 dollars every two years for each medication certified person which would be too great an expense for non-profit agencies.
   b) The state certification tool was handed out so we could discuss each area that relates to our medical portion in this process. Peter brought up the biennial certification which can be done if a home had 5 or fewer deficiencies. He is working with BDS on revising the rule (BDS writes the rules the surveyors support). The change may involve going back to the abbreviated review process, which was done before. An agency can submit every year but may or may not get a review every year (if there were no deficiencies). If there were fewer than 3 deficiencies, after submitting request for cert, the agency would fill out the tool for the cert and the surveyor would come out and do a quick walk through. Many vendors earn the biennial, but don't take it because the effort involved. By not skipping a year, this creates a bigger workload for the certifiers.
   c) The 5-day visit, He-M 1001.06(p)(q): "Within 5 business days of an individual's moving into a community residence or a change in residential provider, a service coordinator and licensed nurse shall visit the individual in the home to determine if the transition has resulted in adverse changes in the health or behavioral status of the individual." and "Is there written documentation of this visit available in the home?" Discussion ensued around occasions where an individual is suddenly removed from the home and placed in an uncertified respite (that may or may not become a certified final living situation). Many times, these cases do turn into permanent placements. It was agreed that it's a good idea to check on the individual for any adverse changes during any move, but it is required and needs documentation when the setting is designated a certified placement.

d) Emergency Contact, He-M 1001.08(c)(1) and Doctor/Dentist (c)(6)a: Make sure current emergency contact information is available to anyone that may be with the individual in case of emergency. It is often in a binder that goes out in the community with staff.
e) Annual Health Assessment, RSA 171-A:11, I(a) and He-M 1001.06(a): The terminology of a "wellness check" vs "physical exam" have become an issue. A full assessment by a practitioner has not been completed on every individual due to changes in the system. A physical has to be done annually and the certifier does give 30 days grace period due to difficulty scheduling someone. Most citations are given due to a gap of more than 30 days after the last physical. If an individual only gets a brief wellness check vs a physical, the certifier will note it as a concern instead of a citation as this is a problem with the health care system at this time.
f) Diet, He-M 1001.06(k)5: There must be a new order **annually** for any specific diet change. Any restrictions, change of texture, etc. must have a practitioner order. Although the annual order rule was taken out of the 1201, it is still a good idea to get medication orders renewed.
g) Allergies noted on the record, 1001.08(c)(6)f: The most important thing is that the allergies listed are consistent in all the places they are listed. Between the face sheet, the HRST "about me" page, health history, MAR and encounter sheets certifiers have see different allergies listed.
h) Self-administering individuals, He-M 1201.05(d)(1)(2): Every individual needs to be initially assessed for the ability to self-administer medications. If the individual stays with the same vendor/nurse and it is known that they will never self-administer medication, then that initial assessment is valid from that day on. If the vendor or nurse changes the assessment will be done again by the new nurse. Any individual self-administering medication needs to be assessed annually to continue to self-administer. These assessment forms need to be in the home for the certifier to check.
i) Annual Screenings: There are new guidelines which will be distributed. Citations are given mostly when something was ordered at a visit and then wasn't followed up on by the provider. If an individual is in a range to have a screening which didn't happen it may be a concern. There are situations where the guardian does not want a procedure done, but it must be documented and in the record.
j) PRN protocols: It's a good idea to have the protocol right near the order for ease of use. This is not a citation, but could be a concern if the protocol is not legible, accessible and signed by the NT.
k) Peter was asked about all electronic records and if we are moving toward that. Vendors, while moving forward with more online records are in different places with this. Most MARs are still paper. The certifiers go online to look at as much as they can before a certification.
l) If your vendor or agency has a deficiency, you have 21 days to appeal it. You can always call Peter Bacon and he will go over the deficit and tell you if there are steps to reconcile it.
m) Peter, Lisa and Jay will return in June to finish going through the certification tool and answer questions from the group.

Next Meeting will be May 15, 2018.

Submitted by:
Luanne King, RN
Secretary, DDNNH

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MEETING MINUTES

March 20, 2018

1) Meeting was called to order with **21** members in attendance.

2) Review and approval of **February 2018** minutes as written minor corrections in b and c.

3) Officers Reports :
   a) Treasurer's Report – current treasurer has submitted resignation, effective immediately. Jill Satterfield offered her willingness to take on this role, vote taken with members present, passed. Cheryl is the 2nd signer on the bank account and will work with Jill to add her. Cheryl will also update the membership application page info (for where to mail).

4) Business Discussion
   a) Cheryl provided an update on her project with Dr. Plotnik from DH regarding standardized annual physical paperwork – Dr. Plotnik has the suggestions to review and has not had time to complete her review yet. Cheryl mentioned that 70% of individuals served through the waivers are connected to DH. REMINDER: staff take the annual screening recommendation document to appts – they should not be expecting the prescriber to go through each line at the appt. A blank annual screening recommendation document provided at the appt should merely be a helpful reminder of potentially relevant screenings. Specific areas to be addressed should be documented by designated staff prior to the appt.
   b) A couple of nurses mentioned that one of the surveyors has not accepted hospital history and physicals as meeting the annual wellness check regulatory requirement. This will be discussed during April's meeting when Peter and 2 of his staff plan to join us to review certification questions (and cert tool review).
   c) The potential speaker for PKU topic will be contacted by Cheryl to arrange a possible date.
   d) The next HRST in person training will be Tuesday May 22 at NHHA (our regular meeting building, room to be determined).
   e) A question was posed about whether NTs can update meds and diagnoses within HRST. It is within the NT (if the NT has completed rater training at minimum) ability to access these areas in HRST. It is the SCs responsibility to do these updates. However, how do they receive this information from your agency? What is your agency system to provide the information to the SC?
   f) Debi offered a recommendation that NTs who are part time or contracted, speak to their agency about expectations – what tasks are you specifically hired or contracted to provide? Having a direct conversation that allows both parties to know who is responsible for what will lead to success. (This is not just HRST specific.)
   g) DDNNH votes for new officers in May – positions to be voted on: DDNA liaison, VP, secretary.
   h) Cheryl reminded us that this is our group and we should send agenda items from members to the secretary to build the agenda in advance of our meetings.
   i) Cheryl reminded us to review the cert tool that she sent to the group by email – Peter et al will be reviewing this with us next meeting – please send your questions to Cheryl and Peter prior to the meeting if possible. Thanks!
   j) Cheryl passed out a potential OTC med verification form – people present liked it, there was discussion about how to use it.
   k) Debi has a couple of recommendations she would like to add to our medical resources page – she was unable to find it on our website. Jen will look for it and send it to Debi. (recommendations are Dr. Plotnik, New England Audiology and a wonderful neuropsychologist, Dr. Tina Trudel in Peterborough).
   l) A recommendation was made that the DDNA liaison report from Debi about the conference be scheduled in either May or June rather than April when Peter et al will be with us. This will allow Debi plenty of time to share her information rather than being rushed.

m) Lisa H asked a nursing practice question about the right to refuse. Discussion ensued. Debi mentioned a letter that she has used to document how information meeting 1201.04 (l) has been shared with guardian and prescriber. Refusals should also be considered for appropriateness of rating the self abuse item in HRST. Debi requests both parties signatures on the letter before it is filed in the individual's record.
n) Jill S asked – when a new med is prescribed at a prescriber appt – who is called first – the guardian or the NT? Everyone present at the meeting said guardian.

Next Meeting will be April 17, 2018.

Submitted by:
Jennifer Boisvert, RN
Temporary Acting Secretary, DDNNH

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MINUTES
February 20, 2018

1) Meeting was called to order with **29** members in attendance.

2) Review and approval of **January** minutes as written.

3) Officers' Reports:
   a) Treasurer's Report – Accepted as written. There are currently **35** paid members.

4) Business Discussion
   a) There is a speaker that can come to the group and update us on dealing with PKU. There are a few individuals in the state that have services with this issue. There was a majority of interest for some information about this topic. The future date will be posted when a time is determined. "Phenylketonuria (**PKU**) is an inborn error of metabolism involving impaired metabolism of phenylalanine, one of the amino acids. Untreated **PKU** can lead to intellectual disability, seizures, and other serious medical problems." **www.ncbi.nlm.nih.gov**
   b) The topic of fundraising came up and we currently spend our funds on covering the cost of the DDNA conference excluding airfare and hotel for our group liaison. The cost of the conference is going up. It costs $100.00 to apply for the CDDN certification exam and $250.00 to take the exam, as well as $125.00 to attend the pre-conference boot camp day that helps prep members for the exam. Using a portion of our funds to help someone interested in the CDDN certification, was proposed. We also have given a gift of $250.00 to Rivier College each year in memory of a DDNNH nurse. This amount is rolled into a larger scholarship with other funds under a different name. We do get a thank you card and brochure listing the donors each year from Rivier College, but now there is interest in making this donation in a more direct way by our group to an individual. A suggestion was made to look within our own organization for staff that are in nursing school. This would make the gift more personal and meaningful. A memo will go out to CSNI (agencies) and PPN (vendors) so that the information can get out to employees in our system. Our liaison, Debi, will send a card to Rivier College to inform them of the change. After proposing different ideas about additional fundraising and what is involved, the consensus was to simply raise the dues for our group which have not gone up in years. A membership drive would be beneficial to help bring more awareness to our group, build membership and increase funding. A vote will be held in March to finalize the idea and agree on an amount to raise the dues.
   c) Nurse trainers asked specifically what the expectation of the raters is in updating the HRST. Raters will update a few, but not all areas in the HRST. The expectation seems to be that raters have only had to update HRST yearly. When the HRST representatives return in May for a workshop this will be addressed. It will be mandated to update areas more frequently. An idea was proposed to update the HRST as a collaborative team via conference call when necessary to have it done quickly and accurately. Cheryl Bergeron wants to be notified if there are attempts being made to request changes without results. Please send ideas, questions and information to discuss with Cheryl Bergeron so that she can relay this to the HRST trainers for the May session.
   d) There was a question about a 521 setting when staff are giving medications and how often the QA is needed. This has in the past been NT discretion. There are differing opinions on how often to do a QA.
   e) Cheryl Bergeron continues to work with Dr. Plotnik in regard to physical forms and what would be useful for Dartmouth-Hitchcock in terms of our individuals.
   f) The newer Medication Occurrence Form is not mandated by the bureau, but area agencies had requested a more standardized form to use and so far, Area Agencies 5 and 6 have been using this form. This form was released to

use on the CSNI website. Look on the left side of the home page for the **Uniformity of Practice** tab which will link to forms on the site. http://www.csni.org

g) Peter Bacon will be coming to our meeting in April. Forward questions to Peter so he can address them in April. Our group will look over the clinical review piece and how the surveyors can now review the HRST before the certification process.

h) Medication Training Curriculum is due to be renewed. The Relias Medication Administration modules 1 and 2 looked really good to our group, but Cheryl needs more input of what needs to be added or if any changes need to be made. If you can get access through your agency or vendor, please review these modules and give Cheryl Bergeron feedback as to what needs to be added or changed for our use. The module does need the 6th right (documentation) added. The printed copies of the Relias program are posted on eStudio to review.

i) There was a request for a type of guide document within HRST that could be used for medical fragility. Some vendors and agencies wanted another form to use for fragility. Currently the NT will toggle the button on the "About Me" page and then write a supporting narrative in the box below.

Next Meeting will be March 20, 2018.

Submitted by:
Luanne King, RN
Secretary, DDNNH

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MINUTES
January 16, 2018

1) Meeting was called to order with **20** members in attendance.

2) Review and approval of **December** minutes as written with modifications to sections a and d as discussed.

3) Officers Reports:
   a) Treasurer's Report – Accepted as written. There are currently **35** paid members.
   b) Liaison Report – Debi discussed differences in being a network or a chapter. We are grandfathered in as a network and could not go back if we chose to be a chapter. Cheryl will send out an e-mail with a page from Debi that outlines the differences. One major difference is that every member of our local group would have to join the national group if we became a chapter. Debi will explore this further at the conference and we will vote on this as a group later this year. Debi is collecting items representative of New Hampshire for the basket to bring to the conference.
   Debi was contacted by Kimberly Jordan, RN, BSN who is a BioMarin PKU Clinical Nurse Educator working to ensure people with phenylketonuria receive specialized care. If anyone has an individual or knows of someone in the community, please have them contact her for information on guidelines which have changed. Kim works for Ashfield Patient Solutions and helps families manage care for people with this diagnosis. Kim can be reached by phone at 215-603-7062 or email: Kimberly.jordan@ashfieldhealthcare.com

4) Business Discussion
   a) Cheryl asked if there are any ideas for one hour trainings that HRST can put together for our benefit. The trainings will be free, but won't give CEUs. If you have any suggestions, send them to Cheryl Bergeron: Cheryl.Bergeron@dhhs.nh.gov
   b) HRST clinical reviews should to be done yearly or when there are changes in an individual. The surveyors have access to this report and can view it as a concern if the report has not been reviewed in over a year. Issues still remain with the report being up to date. Contact Cheryl if a clinical review is done with recommendations to update items and several months have passed with no result. The new monthly data tracker is on the website and should be used by our providers.
   c) Our group discussed how much our DDNA liaison should receive for compensation to go to the conference due to the fact that the cost has gone up. The group also votes on an annual scholarship each year. It was agreed to evaluate the price of the upcoming conference yearly and vote on the amount that the group can reimburse.
   d) A training program with staff oversight is a good way to involve individuals who wish to self-administer their medications when the NT feels it is not yet appropriate for that person to self-administer. The NT can set up a program and there is no restriction on how long it continues. The decision is ultimately up to each NT to decide if the individual is safe, and able to self-administer medications.
   e) Cheryl would like everyone to think of agenda topics as well as questions for Peter Bacon's session. Peter (*Community Residence Coordinator*) will be attending the April meeting. Email questions or agenda items to: lking.salus@icloud.com

Next Meeting will be February 20, 2018.

Submitted by:
Luanne King, RN
Secretary, DDNNH